

North East and North Cumbria Integrated Care Board

Confirmed QUALITY AND SAFETY COMMITTEE

**Minutes of the meeting held on 15 January 2026 from 9am
Joseph Swan Suite, Pemberton House, Sunderland**

Present:

Sir Pali Hungin, Independent Non-Executive Member (Chair)
Ken Bremner, Foundation Trust Partner Member
David Gallagher, Chief Procurement and Contracting Officer
Paul Jones, Director Healthwatch North Tyneside and North Area
Co-ordinator for the Healthwatch Network (*deputy for Christopher Akers-Belcher, Regional Co-ordinator Healthwatch Network*)
Jen Lappin, LMNS Head of Quality and Safety (*deputy for Amanda Kennett – Director of Midwifery*)
Ewan Maule, Clinical Director Medicines Optimisation/Pharmacy
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Chief Medical Officer
Dr Saira Malik, Primary Medical Services Partner Member
Vicky Playforth, Interim Director of Nursing (South)
Richard Scott, Director of Nursing (North)

In Attendance:

Ben Anderson, Director of Population Health
Mary Bewley, Director of Communications
Fergus Neilson, Consultant in Public Health, Screening and
Immunisation Lead, North East and North Cumbria (*Item 15 -
Vaccination Rates and Steps Taken to Improve Them*)
Neil Hawkins, Strategic Head of Corporate Governance
Trina Holcroft, Deputy Director of Nursing (Safeguarding Lead) (*Item
18 - Overview assurance report of Safeguarding Children, Adults and
Cared for Children*)
Rabina Tindale, Director of Nursing and Patient Safety
Jane Smailes, Corporate Governance Support Officer (minutes)

QSC/2026/01/1

Welcome and Introductions

The Chair welcomed all those present to the meeting and introduced Ben Anderson, Director of Population Health.

QSC/2026/01/2

Apologies for Absence

Apologies were received from:

Christopher Akers-Belcher, Regional Co-ordinator Healthwatch

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Network

Dr Maria Avantaggiato-Quinn, Director of Allied Health Professionals
Dr Lynne Craig, Deputy Director of Quality
Ann Fox, Deputy Chief Nurse
Kirstie Hesketh, Deputy Director of Quality
Hilary Lloyd, Chief Nurse and AHP Officer
Kate O'Brien, Director of Nursing, Mental Health, Learning
Disabilities, Autism and Complex Care
Claire Riley, Chief Corporate Services Officer

QSC/2026/01/3

Declarations of Interest

The Chair reminded members of the Committee of their obligation to declare any interest they may have on any issues arising at the Quality and Safety Committee meeting which might conflict with the business of the ICB.

Declarations made by members are listed on the ICB Register of Interests. The Register is available via the Committee Secretary and an extract included in the meeting papers.

The Chair advised he had recently become a patron of the Butterwick Hospice. There was no conflict of interest at the Committee.

No additional declarations of interest were noted.

QSC/2026/01/4

Quoracy

The Chair confirmed the meeting was quorate.

QSC/2026/01/5

Minutes of the Previous Meeting held on 13 November 2025

RESOLVED

The Quality and Safety Committee **AGREED** that the minutes from the meeting held 13 November 2025 were a true and accurate record.

QSC/2026/01/6

Matters Arising from the Minutes and Action Log

Matters Arising

There were no matters arising raised.

Action Log

QSC/2025/11/6 – Action Log

A paper regarding renewed efforts to affect high prescribing rates was included on the agenda for the meeting. Action closed.

QSC/2025/11/8 – Healthier and Fairer Programme

The Annual Health Inequalities Report has been added to the Annual Cycle of Business. Action closed.

QSC/2026/01/7

Notification of Any Other Items of Business

There were no other items of business notified.

QSC/2026/01/8

Board Assurance Framework and Risk Management Report – Quarter 3, 2025/26

The Strategic Head of Corporate Governance advised that the report provided the Quality and Safety Committee with a refreshed Board Assurance Framework for quarter 3, 2025/26 and an updated corporate risk register for review and consideration.

The Committee's attention was drawn to Section 3 of the report which highlighted risk movement and Section 4 which highlighted new corporate risks. As part of the improvements to the process for new corporate risks a step has been introduced which asks risk owners to confirm that the relevant Chief Officer has confirmed that it is appropriate to include the risk on the Risk Register.

There was a discussion around the NENC/0090 risk regarding GPs being able to refer to Right to Choose providers for weight management services, including prescribing of weight loss drugs. It was noted there had previously been a growth in online referrals for weight loss drugs through a Right to Choose provider. Following agreement with NHS England and the Local Enhanced Service (LES) being in place the criteria for access to the drugs was still limited. However, the online provider has agreed to use the ICB criteria for access which has reduced activity and therefore reduced the risk score from 15 to 8.

Following a query from the Chair, the Director of Population Health explained that to make a population difference in weight management there would need to be alignment of delivery of treatment and care alongside social change. Regulation, including introduction of sugar tax may start to make some difference but there would need to be a very significant investment in Tier 3 management and prescribing of weight loss drugs. The Chief Medical Officer explained that Tier 3 weight management was a small fraction of the approach to obesity and noted that work was

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ongoing through the Healthier and Fairer programme to manage obesity in the North East and North Cumbria.

RESOLVED

The Quality and Safety Committee:

- **NOTED** that the BAF accurately reflected the principal risks to achieving ICB objectives as well as their current mitigations, and
- **RECOMMENDED** the approval of the BAF for quarter 3 2025/26 by the Board;
- **RECEIVED** and **REVIEWED** the corporate risk register for assurance;
- **NOTED** the quality and safety risks scored below 12;
- **NOTED** the quality place risks with a residual rating of 12 and above.

QSC/2026/01/9

Patient Story – Lived Example – Community Wound Care in North Tyneside

The Director of Communications advised that collecting examples of people's lived experience was part of the ICB's continued efforts to hear directly from patients about the commissioned services. The patient stories brought to the Committee had been developed to illustrate end to end process of listening and learning from experience.

The patient story was provided through the North Tyneside Patient Forum and highlighted an experience of trying to get wound care in the community following an accident.

The Director Healthwatch North Tyneside noted that the report highlighted some of the fragmentation of services and the different approaches between practices or Primary Care Networks (PCNs) and how complex it can be for patients to understand what is happening, where, when and by who.

The Committee acknowledged that the fragmentation of wound care services was probably not isolated to North Tyneside and there was a challenge to ensure equitable service access. The fragmentation made it difficult to know who 'owned' the problem, with the tissue viability network, for example, not having the capacity to lead on this. Additionally, as the ICB moves to strategic commissioning, who would have the authority to transform the system.

ACTION

The committee secretary to provide feedback to the paper's author to advise the patient story had been discussed at a high level Committee.

RESOLVED

The Quality and Safety Committee is **ACKNOWLEDGED** the feedback shared through the lived experience example, **RECEIVED** it as a source of reassurance, and **THANKED** those who contributed.

QSC/2026/01/10

NENC ICB's Involvement and Engagement Update

The Director of Communications advised the Operational Engagement Working Group, set up with the NENC Healthwatch Network, will be working to shape future involvement and have agreed a framework which will use the points below to develop a forward work plan aligned to ICB priorities.

- What we hear – from sources such as our engagement activities, Trust intelligence, Tell us what you think, People's Hub, and Healthwatch.
- Where it goes – beyond the Quality and Safety Committee, where else does this intelligence need to flow?
- How it drives strategic commissioning – how is the insight used, and how do we track the impact?

The first meeting took place early December with discussions including the group's purpose, aims and objectives, current engagement plans and projects, common themes and developing a workplan based on ICB priorities.

The Director of Communications highlighted some of the themes from the latest quarterly insights, including access and availability of services with GP, dental and mental health appointments; inequalities and cost of living pressures; communication and information; collaboration and co-production; and quality, consistency and accountability.

Members attention was drawn to the work undertaken by the NENC Healthwatch Network Update section, including delivery of a region-wide campaign for the Primary Care Access Recovery Programme; conducting winter pharmacy services market testing and advanced engagement on women's health, contributing insights to the national strategy and embedding findings into local planning.

The Director Healthwatch North Tyneside provided highlights of the day to day work for Healthwatch. Whilst there had been some improvements with GP access in the feedback Healthwatch received there has been an increase in feedback about digital inclusion and exclusion and how people are feeling pressured into having to do things online such as access to appointments and repeat prescriptions.

The Director Healthwatch North Tyneside welcomed the work undertaken by the ICB Communications Team to listen and

Official

understand what patients had said about making information more accessible for those needing urgent dental care. It was felt the market testing and 'dry run' approach ahead of the launch would make a significant difference to people and ensure a best impact.

Whilst recognising the work needed to improve, for example, access to and demands of services, and the improvement to processes, the Foundation Trust Partner Member highlighted the challenge of ensuring the right forum for quality discussions between the ICB and providers, as the ICB transitioned to becoming a strategic commissioner. There was a need to be more focussed with the information that came to the Committee and how that helped the ICB with its commissioning responsibilities.

The Foundation Trust Partner Member also highlighted the importance of Healthwatch involvement. It was noted that when regulators ask how well a particular service is performing one of the usual ways was to approach other providers for opinions but there needed to be mechanisms to involve the people who use the service. Also, seeking the views of those who had not accessed services was important to understand the barriers for them.

Following a query from the Chair, the Clinical Director Medicines Optimisation/Pharmacy advised that hospital outpatient pharmacies had different systems to community pharmacies as the work could not be planned and was demand was variable.

ACTION

The Clinical Director Medicines Optimisation/Pharmacy agreed to contact the Chief Pharmacist at South Tees Hospitals NHS Foundation Trust (STHFT) regarding the feedback from patients on long queues and inaccessible services at STHFT pharmacy.

MEETING NOTE: The Clinical Director Medicines Optimisation/Pharmacy contacted the Chief Pharmacist during the meeting as advised the Committee of the response under Any Other Business.

The Director of Population Health advised there had been a lot of learning through the health literacy programme as part of the wider Healthier and Fairer work programme. Over the coming months, in line with the ICB move to strategic commissioning, this programme would be reduced with the learning handed to Trusts. It was important that Trusts continued to look at their patient letters and other communications with patients through a health literacy lens and ensure that communication was accessible for all including the most vulnerable communities and those with lower literacy levels. One of the factors contributing to the number of DNA's (Did Not Attend) appointments was that not all patients understood when and where they were meant to be, not because they were not wanting to access care.

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The Director Healthwatch North Tyneside confirmed that the patient feedback was also provided directly to providers, such as Trusts, and decision makers and scrutiny committees and others across the system. The Director of Communications advised the Involvement and Engagement report was shared informally with communications and involvement colleagues in provider organisations.

The Foundation Trust Partner Member confirmed that reports from local Healthwatch organisations were included as part of the Trust's governance processes, with local issues being picked up locally. It was noted that the report brought to this Committee provided a generic view.

RESOLVED

The Quality and Safety Committee is **RECEIVED** the report for information and assurance that the ICB continues to fulfil its statutory involvement and engagement duties.

QSC/2026/01/11

Closing the Referral Black Hole

The Director Healthwatch North Tyneside explained the report provided an update to previous national Healthwatch England research in 2023, to understand if experiences of referrals had improved. The report highlighted key findings and the impact and risks following introduction of various Government reforms and initiatives.

Key findings included:

- Over six in ten (62%) were satisfied with the referrals process.
- Earlier referral leads to better experiences.
- Quicker referral confirmation leads to better experiences.
- The right information and choices lead to better experiences.
- Regular updates and support after referrals lead to better experiences.
- Earlier referral, with quicker confirmation and better information and choice leads to almost universal satisfaction.

The report did note some improvements with less referrals being lost, delayed, rejected or not sent than two years previously. However, there were still one in seven patients still ending up in a 'referral black hole'.

The report also highlighted some key recommendations around communication and choice to improve patient experience and satisfaction.

The Committee discussed the use of technology to aid the referral process, including the NHS App to which allows patients to see if their referral has been sent from primary care and received by

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secondary care, and greater visibility on their appointments. The use of the NHS App also reduced the number of queries from patients to GPs. The Committee also discussed the difficulties with any process, for example when seeking advice and guidance, that include a lot of handovers from one service to another as this could increase the likelihood of errors.

Following a query from the Chair, the Clinical Director Medicines Optimisation/Pharmacy explained that Community Pharmacies could not write directly into a GP record. There is no feedback loop and no way to check if the patient followed up on the advice. For those individuals that did not access planned care well, for example those experiencing homelessness, Community Pharmacies and Emergency Departments were the areas of the health service that they could walk in to and the lack of read/write to records could adversely affect their healthcare more.

RESOLVED

The Quality and Safety Committee **CONSIDERED** the Healthwatch England report.

The Foundation Trust Partner Member left the meeting at 10am

QSC/2026/11/12

Area Quality Reports

The Director of Nursing (North) advised the new style report presented a condensed synopsis of key risks or concerns that had been presented to the North and South Area Quality and Safety subcommittees, alerted members to any key concerns, advised on what the underlying issues are and assured members of the necessary actions being taken to improve and address these.

Members' attention was drawn to the following key areas of the report:

- Monitoring and detailed discussion at ICB led Clinical Effectiveness Group regarding data quality issues that have led to 'higher than expected' mortality in the latest Summary Hospital-level Mortality Indicator (SHMI).
- An update on Never Events across the NENC with all cases subject to investigation and all organisations focussing on learning and improvement.
- Highlighting the number of Regulation 28 (prevention of future death reports) received across the NENC ICB region including from care homes and the learning that is taking place.
- Systems and process at Local Delivery Team (LDT) level are being strengthened to ensure that all Equality and Quality Impact Assessments (EQIAs) are being completed and registers periodically cross checked by the Quality Team to ensure alignment with the EQIA register.

The Committee was advised that an action plan was being developed at the pathology laboratory in South Tees Hospitals NHF Foundation Trust (STHFT) following a temporary accreditation suspension after a recent visit from the UK Accreditation Service (UKAS). The ICB has been developing a process for providers to inform the ICB of any external service changes and this would be an example of the change that should be included.

The Chair noted there was a clinic letter backlog highlighted in the report and asked the Director of Nursing (North) to make enquiries of the local quality forums and provide him with more details on the recovery plan.

ACTION

The Director of Nursing (North) to make enquiries of local quality forums regarding clinic letter backlog and email the Chair with recovery plan details.

The Chief Medical Officer advised there were discussions regarding development of a quality management system for the ICB's future strategic commissioning function, recognising that NHS England were responsible for quality performance monitoring.

Following a query from the Primary Medical Services Partner Member, the Director of Nursing (North) confirmed there was a process behind the reported Never Events, which the ICB has been directly involved in.

RESOLVED

The Quality and Safety Committee **RECEIVED** the Area Quality report and **NOTED** the good assurance regarding the review and monitoring of quality risks and concerns and that these are receiving appropriate ICB oversight.

QSC/2026/01/13

Local Maternity Neonatal Services (LMNS) Quality and Safety Report

The Head of Quality and Safety, NENC LMNS, advised the report covered the LMNS Perinatal Quality and Safety work programme from 1 April 2025 to 31 December 2025.

The report highlighted key points of note with national and regional initiatives; patient safety events; maternal and perinatal mortality; listening to service users; service provision and support; maternal mental health and equity and compliance and assurance.

The Committee discussed the number of reported maternal deaths between 1 January 2022 to 31 December 2025 and noted there was a range of causes of maternal death including suicide, unexpected cardiac issues and issues related to deprivation and vulnerabilities.

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A regional maternal mortality review is ongoing with case review meetings being held between Trusts and the Regional Maternity Team. The Head of Quality and Safety, NENC LMNS, advised that locally maternal deaths were on a par with the national average in 2022 but the majority of the reported maternal deaths had happened in 2024, with one death reported in 2025.

RESOLVED

The Quality and Safety Committee **ACCEPTED** the Local Maternity Neonatal Services (LMNS) Quality and Safety Report And associated actions arising from the Quality and Safety workstreams.

QSC/2026/01/14

Regulation 28 Prevention of Future Death Reports Issued Across North East and North Cumbria 2025/26 Year to Date (April to November 2025)

The Director of Nursing (North) advised the report provided an overview of Regulation 28 Prevention of Future Deaths (PFD) reports issued to NHS organisations and services, commissioned by North East and North Cumbria Integrated Care Board (NENC ICB) in 2025/26 Year to Date (YTD) (1 April and 30 November 2025) and highlighted key themes, risks and system learning.

The Director of Nursing (North) noted that whilst there was assurance that learning was taking place within individual organisations, with implementation of targeted actions in response to Regulation 28 reports, there was a need for a strengthened system wide approach to sharing learning and improvement to prevent recurrence of similar risks across multiple providers.

In many cases Regulation 28 reports are issued to multiple recipients, who are legally required to respond within 56 days, outlining the actions taken or proposed in order to mitigate the identified risks. Across the 19 reports issued in 2025/26, year to date, there were 4 overdue reports. This did not mean that recipients had not responded, just that the responses had yet been published.

Following a query from the Chair regarding the noted rise in care home Regulation 28 reports, the Director of Nursing (North) confirmed that whilst the ICB would have a role within the new operating model the primary responsibility for commissioning care homes lies with local authorities. The ICB aligns itself to the local authorities' contracts.

RESOLVED

The Quality and Safety Committee **NOTED** the key themes of concern identified in the Regulation 28 reports in 2025/26 YTD, include the notable rise in reports relating to care homes (five in

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2025/26 YTD compared with one in 2024/25).

The Consultant in Public Health, Screening and Immunisation Lead, North East and North Cumbria joined the meeting at 10.55am

QSC/2026/01/15

Vaccination Rates and Steps Taked to Improve Them

The Consultant in Public Health, Screening and Immunisation Lead, North East and North Cumbria advised that his role sat within NHS England and commissioned screening and immunisation programmes.

The Consultant in Public Health gave a presentation which highlighted influenza hospital admission rates, patterns of activity and uptake, uptake for front line healthcare workers and planning for forthcoming seasons. Key areas of note included

- For NENC the hospital admissions rate for influenza was slightly lower than elsewhere in England.
- Most activity for flu vaccination is undertaken by GP practices with the main adult campaign starting 1 October.
- Over 1m flu vaccines administered including a greater volume of over 65s vaccinated.
- The uptake in the 'at risk' cohort slightly increased.
- The uptake by frontline healthcare workers had improved with Trusts continuing to prioritise frontline healthcare workers vaccinations. There was a variation in uptake between Trusts but at the time of reporting 8 or 12 Trusts had exceeded the target increase with those not at target missing by less 0.5%. However there needed to be a greater uptake by staff.

The Committee was advised that the overall NENC uptake for 2–3 year olds rose by approximately 3.5%. Community pharmacies delivered approximately 2100 vaccinations for 2-3 year-olds under a new pilot service which was around 8% of the total, with School Age Immunisation Service (SAIS) providers delivering approximately 1500 in nurseries. However, overall there was only a 3.5% increase in vaccinations and further evaluation was needed to understand the impact of additional providers.

Primary schools remained at about 55% uptake overall but there was variation between areas and overall secondary schools saw a small increase of 3%. It was noted that it was harder to get secondary school children vaccinated, even though most schools had visited twice by the school teams and a large number community clinics available.

In order to try and improve the rates there has been a substantial communications campaign not only for the universal promotion of the vaccinations but also targeted to populations where historically

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there has been the lowest uptake. Additionally, work has been undertaken to promote the vaccines to people with learning disabilities, such as working with teams who run day centres.

The Committee was advised that all NHS Trusts took part in a session that shared best practice and plans to make the offer of vaccinations easily available for NHS staff and to try and change the minds of staff who were not taking up the offer of flu vaccination. Going forward the team are developing a 'making every contact count' training specifically for healthcare workers, to ensure they are as prepared as they needed to be in making the case for vaccination for themselves and the wider population.

Following some research by a team within the ICB the main challenges to increasing staff uptake of vaccinations was accessibility to the vaccination and understanding of why it was of benefit to them and their patients.

The Committee was advised that going forward there would be a change to contract delivery model with a new combined flu and COVID enhanced service for GPs and Community Pharmacies. The expectation is that this would increase the uptake for COVID in the over 75 year olds cohort. The current sign up for the new enhanced service has been low and NHS England are holding a series of webinars to provide more information to providers.

The Primary Medical Services Partner Member queried if any health inequality work had been done to try to understand whether culture or ethnicity was impacting staff uptake on vaccinations, noting that many NHS staff came from overseas. The Consultant in Public Health advised there had been no specific work but in the general population ethnicity did play a major factor, with the white British population generally having the highest uptake. It was important that staff had the understanding and confidence regarding the efficacy or safety of vaccinations and this could be an area where Trusts needed to support staff.

The ICB Director of Population Health acknowledged the campaign to support the vaccination programmes and noted the additional volume of work undertaken to vaccinate the increasing eligible population. There was a recognition that more work was needed to reduce the variation in staff uptake between the various Trusts, noting that delivery models may need to be changed depending on the type of Trust, for example, hospital or ambulance service.

RESOLVED

The Quality and Safety Committee **RECEIVED** the Vaccination Rates and Steps Taked to Improve Them presentation.

The Consultant in Public Health, Screening and Immunisation Lead, North East and North Cumbria left the meeting at 11.20am

QSC/2026/01/16 Infection Prevention Control (IPC) and Anti-Microbial Resistance (AMR)

QSC/2026/01/16.1 Infection Prevention Control (IPC) Update

The Interim Director of Nursing (South) provided a verbal update advising that the system had been focused on the challenges related to respiratory illnesses and winter planning. For the NENC the pathogens, gram-negative bacteremia, MSSA and MRSA continue to mirror the national picture.

The IPC Subgroup was focussing on integrating IPC and good practice into winter planning and had a presence at the Urgent and Emergency Care (UEC) Network meeting to support the system. In respect of MRSA, Dr Julie Samuel at Newcastle is leading a review, with a focus on maternity and neonatal services, but overall to look at screening practices across the region. Also, for MRSA, there was additional work ongoing regarding recent higher incidents involving IV drug users in community settings.

There is some development work ongoing regarding an ICB data dashboard to try and future proof what the ICB needed to be doing in terms of IPC going forward. The Antimicrobial (AMR) and Healthcare Associated Infection (HCAI) working groups have been combined to ensure concurrent working, with an overlap to talk about inter-related issues. This will provide more cohesive working, greater governance and reporting.

The Primary Medical Services Partner Member noted the recent comments from Chris Whitty, Chief Medical Officer for England who suggested there should be lower thresholds for prescribing in elderly patients. This could be confusing for clinicians when there is a system that is trying to drive down antibiotic prescribing.

The Clinical Director Medicines Optimisation/Pharmacy noted there had been publicity over the past few years regarding defensive prescribing of antibiotics, for example, for sepsis in children. There was a need to provide clear communications for those who are making the decisions.

QSC/2026/01/16.2 AMR and Renewed Efforts to Affect the High Prescribing Rates

The Clinical Director Medicines Optimisation/Pharmacy the report provided assurance that the key antimicrobial stewardship gaps identified in September 2025—particularly inappropriate antibiotic use during winter respiratory seasons—were being actively mitigated through targeted system-wide controls during Winter 2025/26.

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The ICB remained one of the highest prescribers of antibiotics in England, though the position was improving slowly and overall use remained above the national ambition set out in UK 5 year National Action Plan. The ICB came close to reaching the target a few years ago but then the target changed which had made it much harder considering elements such as demographic of the population and climate.

The ICB as a system is responding to these issues, with the following:

- System pressure – ARI hubs and Optimise LES
- Diagnostic uncertainty – POCT trial
- Variation in prescribing practice – development of a medicines strategy, guidelines, public health initiatives (Little Bug Busters) and improving governance.
- Course length changes.
- Introduction of Pharmacy First.

The ICB has obtained some national funding to undertake a pilot of point of care testing, which may help clinicians whether infections are viral or bacterial. The results of these tests could help the discussions between GP and patient over the whether or not to prescribe antibiotics, and provide evidence to the patient.

The Clinical Director Medicines Optimisation/Pharmacy drew members attention to the approaches being undertaken to affect variation in prescribing practice including the ICB's Medicines Strategy, introduction of locally endorsed antimicrobial prescribing guidelines, annual campaigns including the Little Bug Buster campaign and strengthening of governance arrangements through review of current IPC and AMR board arrangements.

Following a letter from NHS England in November 2025 the ICB Medicines Optimisation team will be sharing a presentation with the Board in March 2026 regarding system achievements and progress to date, areas requiring further improvement and the changes required to deliver further improvement in 2026/27.

The Deputy Director of Nursing (Safeguarding Lead) joined the meeting at 11.40am.

There was a discussion regarding the difficulties of changing the public expectations and perception on antibiotic prescribing and having the public own their part of the process. Though campaigns regarding the use of opioids had made a difference to prescribing rates the risk balance had been different, for example, even short-term opioid use could cause harm.

The Committee discussed the introduction of Pharmacy First and public concerns about access to antibiotics and how any prescribed medication would filter through to GP records.

RESOLVED

The Quality and Safety Committee **NOTED** the AMR and Renewed Efforts to Affect the High Prescribing Rates report and assurances that the antimicrobial stewardship gaps identified in September 2025 were being actively mitigated through coordinated system actions for Winter 2025/26, with further work underway to strengthen sustainability through governance, contractual and leadership arrangements. Further work is underway, which will be reported to the ICB Board in March 2026.

QSC/2026/01/17

NENC ICB Overview Assurance Report of Safeguarding Children, Adults and Cared for Children

The Deputy Director of Nursing (Safeguarding Lead) advised the report provided assurance of the work undertaken by NENC ICB Safeguarding and Cared for teams to fulfil its statutory responsibilities. It highlighted emerging risks and concerns from both providers, the ICS system and ICB local delivery teams, and identifies areas of good practice.

The Deputy Director of Nursing (Safeguarding Lead) drew members attention to the key areas of note.

- Overview and assurance of ICS system issues including workforce, practice issues within providers and NENC ICB and partnership issues.
- Highlights of some regional and national developments.
- Current workforce issues including recruitment of Designated Nurse Safeguarding Children and Children Cared For, but noting risks regarding gaps for Designated Doctors for Children in Care.

The Committee was advised that the Safeguarding team would be refocussing their activities and ways of working ensuring they meet their statutory requirements. The Chief Medical Officer noted that the proposed new structure had been drawn up based on the ICB's future strategic commissioning role and the different functions that would be undertaken. The recruitment of Designated Doctors was a challenge due to staffing changes and the general lack of clinicians who undertake that work. Currently there has been some cross cover from Trusts whilst the ICB actively seeks a solution.

The Deputy Director of Nursing (Safeguarding Lead) noted the following areas of note.

- Statutory responsibilities
- Child Protection Information System
- Prevent

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- Domestic Abuse, Sexual Safety / Violence Against Woman & Girls
- Safeguarding Internal Audit – DBS work and review and training
- Families First Partnership (FFP) programme
- Multi-Agency Public Protection Arrangements (MAPPA)
- Highlights areas of risk and mitigations to minimise

ACTION

The Chief Medical Officer agreed, once the staff consultation process was complete, to bring an update regarding staffing within the Safeguarding team to provide assurance to the Committee.

RESOLVED

The Quality and Safety Committee **NOTED** the content of the Overview Assurance Report of Safeguarding Children, Adults and Cared for Children report including the risks and issues, assurances and mitigations and highlight any areas for escalation.

The Deputy Director of Nursing (Safeguarding Lead) left the meeting at 11.55am.

QSC/2026/01/18

Chief Nurse Report by Exception

The Director of Nursing (North), on behalf of the Chief Nurse, confirmed there were no matters to report by exception.

QSC/2026/01/19

Feedback from Subcommittee Chairs by Exception

There was no by exception feedback from subcommittee Chairs.

QSC/2026/01/20

For information / assurance items escalated from Subcommittees

QSC/2026/01/20.1

Antimicrobial Resistance (AMR) and Healthcare Associated Infections (HCAI) Subcommittee Minutes – 1 October 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the Antimicrobial Resistance (AMR), and Healthcare Associated Infections (HCAI) Subcommittee Minutes from 1 October 2025 for assurance.

QSC/2026/01/20.2

North Area Quality and Safety Subcommittee Minutes – 21 October 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the North Area Quality and Safety Subcommittee Minutes from 21 October 2025 for assurance.

QSC/2026/01/20.3 South Area Quality and Safety Subcommittee Minutes –21 October 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the South Area Quality and Safety Subcommittee Minutes from 21 October 2025 for assurance.

QSC/2026/01/20.4 System Quality Group – 16 October 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the System Quality Group Minutes from 16 October 2025 for assurance.

QSC/2026/01/20.5 North East and North Cumbria (NENC) ICB Integrated Delivery Report – December 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the Integrated Delivery Report (December 2025) for information and assurance.

QSC/2026/01/21 Any Other Business, New Risks to add to the Risk Register and Items for Escalation to Board

Update on QSC/2026/01/10 - NENC ICB's Involvement and Engagement Update

The Clinical Director Medicines Optimisation/Pharmacy contacted the Chief Pharmacist at South Tees Hospitals NHS Foundation Trust (STHFT), during the meeting, regarding patient feedback on the long queues and inaccessible services at STHFT pharmacy. STHFT are aware of the issues due to estate issues and lack of space. There are plans to improve the space but these will not be enacted before 2027. STHFT and the holy owned subsidiary board are cited on the user feedback. Additionally, the governance issues are known by the Chief Pharmacist and have been escalated within the provider.

There were no other items of business and no items for escalation to Board.

QSC/2026/01/22 Meeting Critique

The Director of Population Health found the structure of agenda helpful with separate sections for the various areas of quality and safety. Additionally, there was a good mix of staff expertise in attendance.

The Director of Nursing and Safety felt there had been health debate and challenge for the various agenda items.

QSC/2026/01/23

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Date and Time of Next Meeting

The next meeting of the Quality and Safety Committee will be held Thursday 12 March 2026.

CLOSE AT 1205

Signed



Position

Chair

Date

12 March 2026

Confirmed